

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 251-3036  
**Phone #:** (608) 266-2112

**Ship To:** 1400 E. Washington Avenue  
Madison, WI 53703  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### FAX PAYMENT FORM

(Please allow 7 to 10 business days for processing.)

#### CUSTOMER INFORMATION

Name of Applicant/Credential/License Holder:

Application/Credential/License Number:  
(if applicable)

Profession(s):

#### PAYMENT INFORMATION

**Mark the appropriate box(es) to indicate type of payment. If paying application fee, application MUST be faxed with this form.**

☐ Initial Credential Fee ☐ Exam/Retake ☐ Renewal Fee/Late Fee ☐ CIB Fee ☐ Re-Registration ☐ Temporary Permit

☐ Other: (please list)

**Required Information for Processing: You must provide an e-mail address and a daytime phone number.**

Email Address:

Daytime Phone Number:

**Are you requesting an expedited process?** (Expedited processing only applies to the initial review of the application.)

☐ Yes ☐ No (If yes, please include an additional \$10.00 fee for this service.)

**Total Amount to Charge: \$**

**DSPS is only authorized to charge the amount listed.**  
**Incorrect amounts will cause delays in processing.**

Cardholder's Address:

Street

City

State

Zip Code

Credit Card Number:

Expiration Date:

Type (Circle One): Visa MC Disc AmEx



3-digit  
security  
code



4-digit  
security  
code

**Note: Please include the  
Security code from  
front/back of card:**

Security code input field

**For Receipting Purposes**

I UNDERSTAND BY SINGING BELOW, I AUTHORIZE THE STATE OF WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES TO CHARGE MY CREDIT CARD FOR THE ABOVE AMOUNT:

Cardholder's Signature:

*DSPS uses RightFax to ensure safe and secure transmission of your payment information.*